

## STATE OF CONNECTICUT OFFICE OF THE STATE TREASURER

## Unclaimed Property Division HOLDER REPORT COVER SHEET Calendar Year Ending December 31, 2019

Holder Name:	Federal Tax ID Number:		
Street Address:			
City:	State:	Zip Code:	
State of Incorporation:	Date of Inco	Date of Incorporation:	
Contact Name:	Phone Number:	E-mail:	
		ERTY; FILE <b>ORIGINAL, SIGNED, NOTARIZED</b> E ON OR BEFORE <b>MARCH 30, 2020</b>	
State ofreport)	County of	(state and county where you are signing the	
l,	, (person signing the	coversheet) being first duly sworn, under	
		have examined this report hereto totaling	
		perties as to property presumed	
		he year ending as stated above. I am duly	
requirements have been adh	erification on behalf of the holde dered to prior to presumption of d report is true, correct and com	abandonment and completion of this	
Signature:	Title:		
Subscribed and sworn to bef	ore me this day of	20	
Notary Signature (and Seal)_			

Revised: October 2019